Appendix 23

Second Surgical Opinion Requirement

The requirement for a second opinion was created to help recipients make informed decisions about certain elective surgical procedures. Second opinions can be performed by any Wisconsin Medicaid-certified physician willing to provide them. For a list of Medicaid-certified physicians who perform second opinions, call Provider Services at (800) 947-9627 or (608) 221-9883.

All Medicaid recipients, with the exception of recipients enrolled in a Medicaid HMO or in emergent, urgent, or waiver situations are required to undergo a second surgical opinion before having one of the surgical procedures listed in Appendix 24 of this section on an elective basis. Refer to Appendix 25 of this section for the emergent, urgent, and waiver situations. Refer to Appendix 26 of this section for a copy of the Second Opinion Elective Surgery Request/Physician Report form.

The ultimate responsibility for the decision to undergo or forego the proposed surgery remains with the recipient. The proposed surgery is reimbursable if the recipient decides to undergo the procedure, whether the second opinion physician agrees or disagrees with the recommending surgeon.

How to Obtain a Second Opinion

The following is a list of steps for obtaining a second opinion:

1. When one of the surgical procedures which requires a second opinion is recommended, the recommending surgeon explains to the recipient that a second opinion is required. Refer to Appendix 24 of this section for a list of procedures that require a second opinion.

2. The recommending surgeon completes the first page of the Second Opinion Elective Surgery Request/Physician Report form. Refer to Appendix 26 of this section for a blank form for photocopying.

3. The recipient is then referred to another physician for the second opinion evaluation. The recommending surgeon provides the names of any two Medicaid-certified physicians from whom the recipient can choose.

   If the recipient wants a different physician than the two recommended, have him or her call Recipient Services at (800) 362-3002 or (608) 221-5720 for a list of other physicians in his or her area who provide second opinions.

4. The recommending surgeon forwards the Second Opinion Elective Surgery Request/Physician Report form and any laboratory results, X-rays, or recipient histories that will help the second opinion physician.

   Note: The recommending surgeon must inform the second opinion physician whether to send the completed Second Opinion Elective Surgery Request/Physician Report form back to the recommending surgeon or to the address indicated on the back of the form.

5. The second opinion physician evaluates the recipient to determine the appropriateness of the recommended surgery. The second opinion physician may contact the recipient's physician for clarification or additional information.

6. The second opinion physician completes the second page of the Second Opinion Elective Surgery Request/Physician Report form and discusses his or her opinion regarding the recommended surgery with the recipient.

Appendix 23
(Continued)

7. The second opinion physician then sends the Second Opinion Elective Surgery Request/Physician Report form directly to the recommending surgeon *or* to Wisconsin Medicaid (at the address on the form), depending on what the recommending surgeon requested on the form. In the absence of any request from the recommending surgeon, the second opinion physician sends the form to Wisconsin Medicaid. Wisconsin Medicaid will make a copy of the form and send it to the recommending surgeon so surgery may be scheduled if the recipient so chooses.

   Note: Wisconsin Medicaid will not reimburse the second opinion physician if he or she chooses to perform the surgery.

8. The proposing surgeon may then perform the procedure whether the second opinion physician agreed with the need for surgery or not. Claims are not payable if the surgery date of service (DOS) is before the second opinion DOS. If the surgery is not performed within six months of the second opinion examination, a new second opinion is required (except for cataract and joint replacement surgery second opinions, which are valid indefinitely).

9. The recommending surgeon must document that a second opinion evaluation occurred. The documentation need not be in the recipient's medical records, but must be retrievable by the surgeon's office.

Duplication of Diagnostic Services

Diagnostic information pertinent to the proposed surgery should be sent by the recommending surgeon to the second opinion physician to avoid duplication of diagnostic services and costs.

Recommending Surgeon Billing Options

Recommending surgeons have two billing alternatives, depending on where the physician requests the completed Second Opinion Elective Surgery Request/Physician Report form be sent (e.g., back to the recommending surgeon or to Wisconsin Medicaid). Please refer to billing instructions.

Option 1:

If the second opinion physician sends the completed Second Opinion Elective Surgery Request/Physician Report form back to the recommending surgeon, the recommending surgeon may then perform the surgery and must include *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis code **V67.S** when billing for the surgery. The recommending physician must document, in a retrievable file, that a second opinion evaluation occurred.

Option 2:

If the second opinion physician sends the completed Second Opinion Elective Surgery Request/Physician Report form to Wisconsin Medicaid, the recommending surgeon will receive a copy of the form from Wisconsin Medicaid. The surgeon then may perform the surgery and bill the appropriate surgical procedure code. (Diagnosis code V67.S does not have to be included on the claim in this case.) The recommending physician must document, in a retrievable file, that a second opinion evaluation occurred.

Second Opinion Physician Billing

The second opinion physician bills for the second opinion evaluation using ICD-9-CM diagnosis code V67.S ***and*** the appropriate evaluation and management confirmatory consultation procedure code.

Second Opinion for Dual Entitlees

Wisconsin Medicaid strongly encourages providers to obtain a second opinion for dual entitlees. A second opinion is not required if Medicare allows charges for the surgery.

Note: If Medicare denies payment or if a recipient is thought not to be dually eligible but does, in fact, have Medicare Part B coverage, Wisconsin Medicaid will deny the service if no second opinion was obtained.

Retroactive Eligibility and Second Opinion Surgeries

A second opinion is not required when a recipient is retroactively eligible for the surgery date. Physicians billing for a second opinion surgery on a retroactively eligible recipient must indicate ICD-9-CM diagnosis code V67.S and the appropriate surgical procedure code on the claim.

How Long are Second Opinions Valid?

A second opinion is valid for six months from the date of the second opinion, except for cataract extraction and joint replacement second opinions, which are valid indefinitely.